

# Georgia Child Fatality Review Report Form Completion Guidelines

The following instructions correspond to the alpha/numeric sections of the Fatality Review Report form (Version 2003). There are twelve sections (A-L). Follow the directions for each section. Unless otherwise noted, each section must be completed in its entirety or the Review Report form will be returned to the Reviewing County/County of Residence.

NOTE: Items on the form that are not listed here are considered self-explanatory.

## **A. & B. IDENTIFICATION INFORMATION**

Sections A & B gather important demographic information about the decedent & the parents of the decedent.

NOTE: Fill out each field in this section.

**A. COUNTY OF RESIDENCE:** CFR teams should only review deaths of residents of their own county.

**HISPANIC:** Hispanic is an ethnic origin, not a race. If "yes", also indicate race.

**B. MOTHER'S DATE OF BIRTH (First/MI/Last):** This is included for verification purposes as a cross-reference to ensure the ID of the decedent.

## **C. SOCIAL INFORMATION**

Section C gathers information on social factors that may have contributed to the child's death. Social factors include such things as number of inhabitants living in the household and their relationship to the decedent, history of violence in the household, etc. Negative social factors should be examined to determine how they may have increased the decedent's risk of dying.

NOTE: Fill out each field in this section.

**Head of household:** refers to the person in charge of making the primary decisions for the household.

NOTE: Give age for ALL that apply.

Indicate **Yes**, if there is history of violence/abuse among any adult members of the household.

## **D. INCIDENT SCENE INFORMATION**

Section D refers to the actual injury/illness incident that resulted in death. This information can be obtained from the police report, death certificate and coroner/medical examiner report.

NOTE: Fill out each field in this section.

## **E. SUPERVISION**

Section E looks at information related to the supervision of the decedent at the time of injury/illness event that resulted in death. Refer to DFCS guidelines of the Social Services Manual, Child Protective Chapter 2100, Section IV, 2104.4, to determine if decedent was adequately supervised, for his or her age.

NOTE: Fill out each field in this section.

**In charge:** refers to the person who was primarily responsible for the care of the decedent at the time of the injury/illness/event. Check more than one box if more than one person was in charge at the time of the event.

**Adequately:** refers to the quality of the supervision at the time of the injury/illness/incident that resulted in death. Supervision is considered adequate when the person(s) in charge is/are not impaired, distracted, or preoccupied.

#### **F. PERPETRATOR INFORMATION**

Section F refers to information regarding the alleged perpetrator(s). This information may be obtained from the police report.

NOTE: Fill out each field in this section, if applicable.

**Alleged perpetrator:** the person(s) who are thought to have committed an act that resulted in the decedent's death.

**Race/Sex:** Indicate the appropriate letter code to specify the race and sex.

NOTE: If NO alleged perpetrator(s) has been identified then proceed to Section G.

#### **G. CAUSE OF DEATH**

Section G is broken up into three parts: **G1.) Injury**, **G2.) Illness, SIDS/SUID, Other Natural Cause**, and **G3.) Unknown Cause**. Choose the section that best describes the cause of death. This information can be obtained from coroners/medical examiners and police reports, however the team must determine if the cause of death listed on these reports is accurate.

NOTE: ONLY complete one of the three causes of death sections (**G1, G2 or G3**)

##### **Section G.1 – Injury**

**Complete G.1 if cause of death is due to injury.**

NOTE: Fill in each field in this section. Definitions for this section:

**Aggressive:** refers to any hostile, forceful, or self-assertive act. For example, a teenager shooting him/herself with a gun is acting aggressively

**Assaultive:** refers to any violent physical attack.

**Commission of a crime:** refers to any act that is in violation of the law.

**Drug related:** refers to any drug related activity (using, buying/selling, etc.) that resulted in the decedent's death

**Gang related:** refers to direct gang activity that resulted in or led to the decedent's death. **Death is NOT gang related** if child is a member of a gang, but is killed in an unrelated incident (e.g., motor vehicle accident).

**Injury:** refers to any force whether it be physical, chemical (poisoning), thermal (fire) or electrical (electrocution) that resulted in death.

**Intentional:** refers to the act that resulted in death being one that was deliberate, willful, or planned (e.g., suicide, homicide or rape).

**Person(s) causing injury:** refers to anyone whose actions contributed to the injury resulting in death.

**Suicide:** this question is designed to gather information about possible risk factors present prior to decedent's death.

**Unintentional:** refers to the act that resulted in death being one that was NOT deliberate, willful, or planned. For example, children are playing with a gun that accidentally gets fired and injures one of the children; or being the passenger in a car crash, etc.

### **Section G.2 – Illness/SIDS/SUID/Other Natural Cause**

**Complete G.2 if cause of death is due to illness or other natural cause.**

Check box to indicate why this death is eligible for review

NOTE: Field G.2.1 must be completed for this section. If child is <1, and cause of death is natural (including SIDS), complete the remainder of section G.2, questions 2-11. If the cause of death is SIDS or inadequate care/neglect you must also complete section H.1 or H.2 respectively.

**Natural Cause:** refers to an inherent, existing condition. Not out of the ordinary.

**Diagnosed Condition(s):** refers to the identification of disease or symptoms of a condition(s) that led up to the death. A diagnosed condition is not necessarily the immediate cause of death. List both diagnosed condition and cause on the review report form.

Fill out section G.2, questions 2-11 ONLY if illness or natural cause of death in infant less than 1 year of age (including SIDS). These questions are designed to gather information about the mother's prenatal care, and behavior during her pregnancy with decedent.

**Complications:** refers to any medical or physical conditions occurring during pregnancy that could cause trauma to the fetus. Include complications with the pregnancy due to physical abuse or battery.

**Exposure:** refers to any regular contact the mother/fetus/infant had with tobacco smoke during pregnancy with decedent and up to the first year of decedent's life. (Mark all that apply)

### **Section G.3 – Unknown Case**

**Complete G.3 if the cause of death has not and/or cannot be determined.**

NOTE: For example, if a body is decomposed, the cause of death may be difficult to determine.

## **H. CIRCUMSTANCES OF DEATH**

Section H. must be completed if the cause of death was any cause other than an illness or natural cause with the exception of SIDS and illnesses related to inadequate care/neglect. Indicate the circumstance and complete the corresponding section (H.1-H.11).

### **Section H.1 – SIDS/SUID**

**Complete section H.1 if circumstances surrounding the death were due to SIDS/SUID.**

NOTE: Fill out each field in this section.

**H.1.4** This question is important in helping to determine whether or not other factors could have contributed to the death. For example, one risk factor for SIDS is overheating. If a child has

too many covers this may put the child at an increased risk. In addition, a child may shift under blanket(s)/comforter(s) in such a way to cover his/her mouth/nose.

**Section H.2 – Inadequate Care or Neglect**

**Complete section H.2 if the circumstances surrounding the death were due to inadequate care or neglect.**

NOTE: Check each box that applies.

**H.2-d Failure to Thrive (non-organic):** refers to the actions of a parent, caretaker, etc., that cause failure to thrive; not related to medical causes. For example, if a child's formula is continually watered down the child may not get enough nutrients thus resulting in failure to increase body weight.

**Section H.3 – Vehicle Accident**

**Complete section H.3 if the circumstances surrounding the death were due to a vehicle incident. Most of this information can be obtained from police reports.**

NOTE: Fill out each field in this section.

**Section H.4 - Drowning**

**Complete section H.4 if the circumstances surrounding the death were due to drowning.**

NOTE: Fill out each field in this section.

**H.4.6** Mark "yes" if either drugs or alcohol consumed by decedent or person(s) supervising decedent contributed to the drowning.

**Section H.5 - Firearm**

**Complete section H.5 if the circumstances surrounding the death were due to a firearm.**

NOTE: Fill out each field in this section.

**H.5.4 Source:** refers to the gun's origin. This information will help focus prevention efforts.

**H.5.5 Secured:** refers to a reliable location that is locked and/or inaccessible.

**Unsecured:** refers to an unreliable location that is unlocked/accessible.

**Section H.6 – Asphyxia**

**Complete section H.6 if the circumstances surrounding the death were due to suffocation/strangulation.**

NOTE: Fill out each field in this section.

**H.6.1-b Wedging:** refers to being blocked, jammed, or otherwise caught/trapped between two objects. For example, a child's head may be wedged between the mattress and the frame/head-board or even between parents causing the child to suffocate or strangle his/herself.

**H.6.1-j Confined low oxygen space:** refers to any enclosed space that limits the flow of oxygen. Examples of such spaces include washer/dryer, refrigerator, cooler, trunk of car, etc.

**H.6.4-1 Hazardous design:** refers to the physical structure of a bed that makes it dangerous/unsafe for children. For example, it came from the manufacturer with exposed springs.

**H.6.4-2 Soft bedding:** refers to soft material such as comforter, foam bed pad, waterbed, etc.

**H.6.4-3 Improper use:** refers to the use of bed materials in a way for which they were not intended (not in accordance with their intended use). For example, creating bunk beds out of two individual twin beds.

**Section H.7 – Shaken/Impact Syndrome**

**Complete section H.7 if the circumstances surrounding the death were due to shaken/impact syndrome.**

NOTE: Fill out each field in this section.

**H.7.1**            **Trigger:** refers to the action/event/stimulus to which the perpetrator responded that resulted in the death of the child.

**Section H. 8 – Fall Injury**

**Complete section H.8 if the circumstances surrounding the death were due to a fall injury. This information may be obtained from coroners/medical examiners and police reports.**

NOTE: Fill in each field in this section.

**Section H.9 – Poisoning/Overdose**

**Complete section H.9 if the circumstances surrounding the death were due to poisoning/overdose.**

NOTE: Fill in each field in this section.

**Section H.10 – Fire/Burn**

**Complete section H.10 if the circumstances surrounding the death were due to fire/burn/smoke inhalation.**

NOTE: Fill in each field in this section.

**Section H.11 – Other Inflicted Injury**

**Complete section H.11 if the circumstances surrounding the death were due to injury of a kind not previously listed.**

NOTE: Fill in each field in this section.

**Section H.12 - Other Circumstance**

**Complete section H.12 if the causes and circumstances surrounding the death were not previously listed in sections G or H. Proceed to Section I and describe the cause and circumstances of the death in a brief narrative.**

**I. NARRATIVE DESCRIPTION/COMMENTS**

Use this section if cause of death is unknown (item G.3) and/or the circumstances of death are different from those listed in sections H.1-H11. Also, provide any additional information that may help to more completely describe issues related to the child's death, the delivery of services, prevention, or the review process.

**J. SUBCOMMITTEE FINDINGS**

Fill out each field in this section.

NOTE: **J. questions 6-10** If "yes" to questions 14-17, please give additional comments in the space provided in Section J.

**K. SERVICES PROVIDED**

Section K. refers to services that were offered to family as a result of the death even if services were refused.

**L. PREVENTION**

Section L. is important for identifying risk factors/issues for preventing similar child fatalities.

NOTE: Fill out each field in this section.

**Preventability:** A preventable death is one in which with retrospective analysis it is determined that a *reasonable* intervention (e.g. medical, educational, social, psychological, legal, or technological) could have prevented the death.

**Reasonable:** defined by, taking into consideration the process/steps to attain the necessary *resources* (funding, government approval). For example, a child dies from massive head injuries sustained from being thrown from the car. Had the child been restrained properly he/she might have lived.

Examples of possible interventions:

Medical level – Immunizing children against infectious diseases.

Legal level - Roadblocks to check to see that passengers are restrained properly.

Educational level – education programs within the schools/community re: how to de-escalate a conflict between two students.

Technical level – Developing a local coalition that keeps the community informed about unsafe products.

Social level – Marketing campaign to change teens' attitudes about using alcohol while driving.

Psychological level – Individual recognizing signs and symptoms of suicide.

**Resources:** refers to all the things that have to be done to reach the goal. For example, buy-in, funding from local government. In order to get roadblocks you need buy-in from law enforcement agencies, and commitment to enforce current laws or create laws not yet in existence.

- L.1**      **Possibly preventable:** refers to a death for which there is not enough information to determine if it was preventable
- L.1**      **Not at all preventable:** refers to a death for which there is no cure/current technology/resources available to prevent it. For example, an incurable type of cancer is *not at all preventable*. No current amount of medical, educational, social or technological resources could prevent death from occurring.
- L.1**      **Definitely preventable:** refers to a death for which the findings/information demonstrate clear obvious steps/action that could have been taken that would have prevented the death from occurring.
- L.2**      **Risk factors:** refers to persons, things, events, etc. that put an individual at an increased likelihood of dying. Some of these factors may include a person's lifestyle, diet, violence in the home etc.
- **Medical:** refers to any condition (e.g., physiological, psychological, biological, etc.) that predisposes someone to death/dying.
  - **Social:** refers to any persons, things, events, etc. within the individual's social network (e.g., community, family, friends, acquaintances), culture (e.g., beliefs, rituals, language), etc. that predispose him/her to death/dying.
  - **Economic:** refers to choices made as a result of financial needs/resources, moneymaking processes, employment, etc. or lack of resources themselves.
  - **Behavioral:** refers to an individual's lifestyle. His/her actions or reactions to persons, things, events, etc., (e.g., diet and exercise habits, driving without a seatbelt) that predispose him/her to circumstances that lead to death/dying.

- **Environmental:** refers to an individual's surroundings (conditions and circumstances) external to and generally out of his/her control that predisposes the individual to circumstances that lead to death/dying. For example, living in a neighborhood with frequent drive-by-shootings, or gangs in the neighborhood; medical staff that are not trained in certain procedures.
- **Product safety:** refers to any thing or substance that has been produced or manufactured that predisposes an individual to death/dying.
- **Drugs or alcohol:** refers to substances, which alter physiologic processes, and predisposes an individual to circumstances that lead to death/dying.

**L.6 Community safety project:** refers to any initiative, activity, etc. on the part of the community to deliver health messages to reduce the risk of factors that predispose an individual to death/dying.

**L.6 Legislation, law or ordinance:** refers to any action taken to legislate at the local or state government levels. For example, creating policies or taking action on policies or influencing another part of the administration to take action.

**L.6 Public forums:** refers to formal/informal gatherings of members of the community to discuss future actions to be taken to reduce the risk factors that predispose individuals in their community to circumstances that lead to death/dying. For example, meeting to discuss how to reduce the risk factors associated with drive-by-shootings in the neighborhood.

**L.6 Educational activities in school:** refers to lessons/curriculum and/or educational programs in the schools that target efforts toward reducing primary risk factors.

**L.6 Educational activities in the media:** refers to activities such as public service announcements, ad campaigns, etc. which deliver a message (e.g., preventative, where to get help) that is aimed at target populations at high risk for a particular problem.

**L.6 Consumer product safety action:** refers to the actions of agencies, individuals, consumer advocates, politicians, etc. whose goal is to make the public aware of products that could be or are hazardous or other wise deadly to the consumer. This might be done through public service announcements, product recall.

**L.6 News services:** refers to the activities of the media (print, radio, television) with regards to informing the public about risk factors and prevention methods.

**L.6 Changes in agency practice:** refers to any new policies, protocols, etc. that have been implemented within or between agencies as the direct result of deaths that were preventable.

**L.7 Groups with whom to address prevention efforts:** refers to the individuals, groups, communities, etc. to whom the prevention efforts are being addressed. In other words, the population that will benefit from the prevention activities.

#### **Note Regarding Attachments**

Please complete and return the Review Report Form regardless of whether all necessary documents have been received.

Additional attachments may be sent to the *Office of Child Fatality Review* as they become available.

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